

# Exhibit II




STATE OF NEW YORK            )  
  )  
  )           ss  
COUNTY OF NEW YORK        )

**CERTIFICATION**

This is to certify that the attached translation is, to the best of my knowledge and belief, a true and accurate translation from Spanish into English of the attached document with Bates Nos. IAZ\_DNJ0002492—IAZ\_DNJ0002494.

  
\_\_\_\_\_  
Lynda Green, Senior Managing Editor  
Lionbridge

Sworn to and subscribed before me  
this 3<sup>rd</sup> day of October, 2022.  
  
\_\_\_\_\_

LAURA E MUSICH  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01MU6386791  
Qualified in Queens County  
My Commission Expires 01-28-2023

**Redacted**

—Forwarded by Veronica Velasquez Arias/CO/Services/NUTRESA on 09/19/2017 14:31 —  
To: Veronica Velasquez Arias/CO/Services/NUTRESA@GNCH  
From: Luis Alfonso Arango/US/Cordialsa/NUTRESA  
Date: 09/19/2017 14:20  
Subject: Fw: FDA registration for Meat Foods

# Redacted

[logo:]  
Cordialsa USA

**Luis A. Arango**

**Cordialsa USA, Inc**  
24900 Pitkin Rd, Suite 190  
Spring, TX, 77386  
Ph: (713) 460 4527  
Avaya: 34201  
laarango@cordialsausa.com

--Forwarded by Luis Alfonso Arango/US/Cordialsa/NUTRESA on 09/19/2017 02:19PM —

To: Luis Alfonso Arango/US/Cordialsa/NUTRESA@GNCH  
From: Hernando Ramos Moreno/CO/Alimentos\_Carnicos/Carnicos/NUTRESA  
Date: 09/05/2014 02:38PM  
Cc: Carlos Andres Espinosa Escobar/CO/Zenu/Carnicos/NUTRESA@GNCH, Lina Maria Mejia Lopez/CO/Zenu/Carnicos/NUTRESA@GNCH, Juliana Gomez Gonzalez/CO/Zenu/Carnicos/NUTRESA@GNCH, Rosa Elena Otalvaro Benjumea/CO/Noel/Galletas/NUTRESA@GNCH  
Subject: FDA Meat Foods Registration

*(See attached file: 20140509 ~ Registro FDA Alimentos Carnicos.pdf [FDA Meat Foods Registration.pdf])*

Good afternoon to all.

Attached is the FDA registration for the Meat Foods plant at La Ceja, where the Antioquian Beans with Bacon are produced for export to the US.

We are missing the product registration; we'll get it next week.

Thank you all for your support.

Regards,

[logo:] Alimentos Carnicos

**Hernando Ramos Moreno**  
Sales Director Extended Shelf Life Products and Food Service  
Meat Business  
Address: Cra. 52 No 20 • 124  
Medellin – Colombia  
Tel.: (57-4) 402 82 00 Ext: 41802 Cel: 315 5704081  
E-mail: [hramos@alimentoscarnicos.com.co](mailto:hramos@alimentoscarnicos.com.co)

Nutresa Business Group [logo]

Forwarded by Hernando Ramos Moreno/CO/Alimentos  
Carnicos/Carnicos/NUTRESA on 09/05/2014 14:24  
To: Hernando Ramos Moreno/CO/Alimentos\_Carnicos/Carnicos/NUTRESA@GNCH  
From: Dallys Jaramillo Arcia/CO/Alimentos Carnicos/Carnicos/NUTRESA  
Date: 09/05/2014 14:08  
Subject: FW: scanner

Dallys Jaramillo Arcia  
Administrative Service Support  
**Meat Business**  
Address: Cra. 52 No. 20 – 124 Av. Guayabal  
Medellin, Colombia  
Tel: (57-4) 4028200 Ext: 41800

Nutresa Business Group [logo]

---- Forwarded by Dallys Jaramillo Arcia/CO/Alimentos Carnicos/Carnicos/NUTRESA on  
09/05/2014 14:08 —  
To: Hernando Ramos Moreno/CO/Alimentos\_Carnicos/Carnicos/NUTRESA@GNCH  
From: Dallys Jaramillo Arcia/CO/Alimentos Carnicos/Carnicos/NUTRESA  
Date: 09/05/2014 13:49  
Subject: scanner

(See the file attached: *Scan\_Doc0736.pdf*)

Dallys Jaramillo Arcia  
Administrative Service Support  
**Meat Business**  
Address: Cra. 52 No. 20 – 124 Av. Guayabal  
Medellin, Colombia  
Tel: (57-4) 4028200 Ext: 41800

Nutresa Business Group

[text cut off]

Date: 08/05/2014 17:48:55

<b>SECTION 1 TYPE OF REGISTRATION</b>	
1a.	FOREIGN REGISTRATION
1b.	INITIAL REGISTRATION: 12566763476 PIN NUMBER: a438cbd1
ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? Yes <input type="radio"/> No <input checked="" type="radio"/>	
1c.	PREVIOUS OWNER'S TITLE: PREVIOUS OWNER'S NAME: PREVIOUS OWNER'S REGISTRATION NUMBER:
<b>SECTION 2 FACILITY NAME/ ADDRESS INFORMATION</b>	
FACILITY NAME: Alimentos Carnicos SAS	
FACILITY NAME SUFFIX: Manufacturing	FACILITY NAME SUFFIX OTHER:
FACILITY STREET ADDRESS, Line1: Kilometro 3 Carretera La Ceja - Rionegro	
FACILITY STREET ADDRESS, Line2:	
CITY: La Ceja	STATE/PROVINCE/TERRITORY: Antioquia
ZIP CODE (POSTAL CODE): 0000	
COUNTRY/AREA: COLOMBIA	
PHONE NUMBER (Include Area/Country Code): 057 4 4028200 41802	
FAX NUMBER (Optional; Include Area/Country Code): 057 4 4028299	
E-MAIL ADDRESS: hramos@alimentoscarnicos.com.co	
<b>SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional)</b>	
Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)	
If information is the same as section 2, check the box:	
NAME: Alimentos Carnicos SAS Manufacturing	
ADDRESS, Line1: Kilometro 3 Carretera La Ceja - Rionegro	
ADDRESS, Line2:	
CITY: La Ceja	STATE/PROVINCE/TERRITORY: Antioquia
ZIP CODE (POSTAL CODE): 0000	
COUNTRY/AREA: COLOMBIA	
PHONE NUMBER (Include Area/Country Code): 057 4 4028200 41802	
FAX NUMBER (Optional; Include Area/Country Code): 057 4 4028299	
E-MAIL ADDRESS (Optional): hramos@alimentoscarnicos.com.co	
<b>SECTION 4 PARENT COMPANY NAME/ADDRESS INFORMATION AND TRADE NAMES</b>	
(If applicable and if different from sections 2 and 3). If information is the same as another section, check which section:	
<input type="radio"/> Section 2 - Facility Address Information <input checked="" type="radio"/> Section 3 - Preferred Mailing Address Information <input type="radio"/> None of the above	
NAME OF PARENT COMPANY: Alimentos Carnicos SAS	
PARENT COMPANY SUFFIX: Manufacturing	PARENT COMPANY SUFFIX OTHER:
STREET ADDRESS OF PARENT COMPANY, Line 1: Kilometro 3 Carretera La Ceja - Rionegro	
STREET ADDRESS OF PARENT COMPANY, Line2:	
CITY: La Ceja	STATE/PROVINCE/TERRITORY: Antioquia
ZIP CODE (POSTAL CODE): 0000	
COUNTRY/AREA: COLOMBIA	
PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 057 4 4028200 41802	

<https://www.access.fda.gov/ffrm/registerNewFacility-flow.htm?execution=e2s24>

05/08/2014

Confidential

IAZ\_DNJ0002494



FAX # OF INDIVIDUAL AT PARENT COMPANY (Optional; Include Area/Country Code): 057 4 4028299  
 E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY (Optional): hramos@alimentoscarnicos.com.co

(If this facility uses trade names other than that listed in section 2 above, list them below (E.G., "also doing business as," "facility also known as")):

ALTERNATE TRADE NAME #1:

SECTION 5 FACILITY EMERGENCY CONTACT INFORMATION	
INDIVIDUAL'S TITLE (Optional): Mr	INDIVIDUAL'S TITLE OTHER
INDIVIDUAL'S NAME (Optional): Luis	
INDIVIDUAL'S MIDDLE NAME (Optional): Alfonso	
INDIVIDUAL'S LAST NAME (Optional): Arango	
TITLE (Optional): Manager Cordialsa USA	
EMERGENCY CONTACT PHONE (Include Area/Country Code): 001 713 4604527	
E-MAIL ADDRESS (Optional): laarango@cordialsausa.com	

**SECTION 6 TRADE NAMES**  
 In the electronic version of FDA Form 3537, Section 6 (Trade Names) has been merged with Section 4 (Parent Company Name / Address information).

SECTION 7 UNITED STATES AGENT	
(To be completed by facilities located outside any state or territory of the United States, District Of Columbia, or The Commonwealth of Puerto Rico)	
FIRST NAME OF U.S. AGENT: Luis	
MIDDLE NAME OF U.S. AGENT: Alfonso	
LAST NAME OF U.S. AGENT: Arango	
TITLE (Optional): Manager Cordialsa USA	
ADDRESS, Line 1: 9950 Cypresswood Dr Ste 360	
ADDRESS, Line 2:	
CITY: Houston	STATE: Texas
ZIP CODE (POSTAL CODE): 77070 -3480	COUNTRY/AREA: UNITED STATES
PHONE NUMBER (Include Area/Country Code): 713 4604527	
EMERGENCY CONTACT PHONE NUMBER (Include Area Code): 832 7989517	

FAX NUMBER (Optional; Include Area Code):  
 EMAIL ADDRESS: laarango@cordialsausa.com

SECTION 8 SEASONAL FACILITY DATES OF OPERATION (Optional)	
Optional - Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis.	
DATES OF OPERATION:	
For Harvest 1	
Start Month:	End Month:
For Harvest 2	
Start Month:	End Month:

SECTION 9 TYPE OF STORAGE EQUIPMENT THAT ARE PRIMARILY USED (OPTIONAL)	
<input type="checkbox"/> Ambient (neither frozen nor refrigerated) Storage <input type="checkbox"/> Refrigerated Storage <input type="checkbox"/> Frozen Storage	

SECTION 10 GENERAL PRODUCT CATEGORIES - HUMAN/ANIMAL BOTH	
<input type="checkbox"/> Food for Human Consumption	<input type="checkbox"/> Food for Animal Consumption

SECTION 10a GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION, and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (OPTIONAL)	
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TYPE OF ACTIVITY CONDUCTED AT THE FACILITY ( Optional )										
To be completed by all food facilities. Please see instructions for further examples.	Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.									
	<table border="1"> <tr> <td>Warehouse / Holding Facility (e.g. storage facilities, including storage tanks, grain elevators)</td> <td>Acidified / Low Acid Food Processor</td> <td>Interstate Conveyance Caterer / Calining Point</td> <td>Molluscan Shellfish Establishment</td> <td>Commissary</td> <td>Contract Sterilizer</td> <td>Labeler / Relabeler</td> <td>Manufacturer / Processor</td> <td>Repacker / Packer</td> <td>Salvage Operator (Reconditioner)</td> </tr> </table>	Warehouse / Holding Facility (e.g. storage facilities, including storage tanks, grain elevators)	Acidified / Low Acid Food Processor	Interstate Conveyance Caterer / Calining Point	Molluscan Shellfish Establishment	Commissary	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Repacker / Packer
Warehouse / Holding Facility (e.g. storage facilities, including storage tanks, grain elevators)	Acidified / Low Acid Food Processor	Interstate Conveyance Caterer / Calining Point	Molluscan Shellfish Establishment	Commissary	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Repacker / Packer	Salvage Operator (Reconditioner)	

<https://www.access.fda.gov/ffrm/registerNewFacility-flow.htm?execution=e2s24>  
 05/08/2014



c. Other Vegetable and Vegetable Products										
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**SECTION 11 - OWNER, OPERATOR, OR AGENT IN CHARGE INFORMATION**

Provide the following information, If different from all other sections on the form. If information is the same as another section of the form, Check which section:

- ☐ Section 2 - Facility Address Information
- ☐ Section 3 - Preferred Mailing Address Information
- ☐ Section 4 - Parent Company Address Information
- ☐ Section 7 - US Agent Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: Alimentos Carnicos SAS

STREET ADDRESS, Line 1: Kilometro 3 Carretera La Ceja - Rionegro

STREET ADDRESS, Line 2:

CITY: La Ceja

STATE/PROVINCE/TERRITORY: Antioquia

ZIP CODE (POSTAL CODE): 0000

COUNTRY/AREA: COLOMBIA

PHONE NUMBER (Include Area/Country Code): 057 4 4028200 41002

FAX NUMBER (Optional; Include Area/Country Code): 057 4 4028299

E-MAIL ADDRESS (Optional): hramos@alimentoscarnicos.com.co

**SECTION 12 - INSPECTION STATEMENT**

☐ FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

**SECTION 13 - CERTIFICATION STATEMENT**

The owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent in charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent in charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent in charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

☐ The Secretary will be permitted to inspect facility at the time and in the manner permitted by this act.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Hernando Ramos

CHECK ONE BOX

☐ A. OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

☒ B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

IF YOU CHECKED BOX B ABOVE, INDICATE WHO AUTHORIZED YOU TO SUBMIT THE REGISTRATION:

☐ OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ON BEHALF OF OWNER, OPERATOR, OR AGENT IN CHARGE (FILL IN ADDRESS BELOW): -N/A-

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2: -N/A-

CITY: -N/A-

STATE/PROVINCE/TERRITORY: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

FAX NUMBER (Optional; Include Area/Country Code): -N/A-

E-MAIL ADDRESS (Optional): -N/A-

<https://www.access.fda.gov/ffrm/registerNewFacility-flow.htm?execution=e2s24>

05/08/2014

Confidential

IAZ\_DNJ0002496





Redacted

-----Remitido por Veronica Velasquez Arias/CO/Servicios/NUTRESA el  
19/09/2017 14:31 -----

Para: Veronica Velasquez Arias/CO/Servicios/NUTRESA@GNCH

De: Luis Alfonso Arango/US/Cordialsa/NUTRESA

Fecha: 19/09/2017 14:20

Asunto: Fw: Registro FDA Alimentos Carnicos

Redacted

Luis A. Arango



Cordialsa USA, Inc  
24900 Pitkin Rd Ste 190  
Spring, TX, 77386  
Ph: (713) 460 4527  
Avaya: 34201  
[laarango@cordialsausa.com](mailto:laarango@cordialsausa.com)

-----Forwarded by Luis Alfonso Arango/US/Cordialsa/NUTRESA on 09/19/2017 02:19PM -----

-

To: Luis Alfonso Arango/US/Cordialsa/NUTRESA@GNCH

From: Hernando Ramos Moreno/CO/Alimentos\_Carnicos/Carnicos/NUTRESA

Date: 05/09/2014 02:38PM

Cc: Carlos Andres Espinosa Escobar/CO/Zenu/Carnicos/NUTRESA@GNCH, Lina Maria Mejia

Lopez/CO/Zenu/Carnicos/NUTRESA@GNCH, Juliana Gomez

Gonzalez/CO/Zenu/Carnicos/NUTRESA@GNCH, Rosa Elena Otaľvaro

Benjumea/CO/Noel/Galletas/NUTRESA@GNCH

Subject: Registro FDA Alimentos Carnicos

*(See attached file: 20140509 - Registro FDA Alimentos Carnicos.pdf)*

Buenas tardes para todos

Envío registro FDA de la planta de Alimentos Cárnicos en La Ceja, que produce los Fríjoles Antioqueños con Tocino, para exportación a USA

Nos falta tener registro del producto, la otra semana lo sacamos

Mil gracias a todos por el acompañamiento

Slds



Hernando Ramos Moreno  
Director de Ventas Larga Vida y Food Service  
Negocio Carnico  
Dirección: Cra 52 No 20 - 124  
Medellin - Colombia  
Tel.: (57-4) 402 82 00 Ext: 41802  
Cel: 315 5704991  
Mail: [hramos@alimentoscarnicos.com.co](mailto:hramos@alimentoscarnicos.com.co)

Grupo Empresarial Nutresa



-----Remitido por Hernando Ramos Moreno/CO/Alimentos\_Carnicos/Carnicos/NUTRESA el 09/05/2014 14:24 -----

Para: Hernando Ramos Moreno/CO/Alimentos\_Carnicos/Carnicos/NUTRESA@GNCH

De: Dallys Jaramillo Arcia/CO/Alimentos\_Carnicos/Carnicos/NUTRESA

Fecha: 09/05/2014 14:08

Asunto: Rm: scáner

Dallys Jaramillo Arcia  
Soporte de Servicios Administrativos  
Negocio Carnico  
Dirección: Cra. 52 N° 20 – 124 Av. Guayabal  
Medellin – Colombia  
Tel.: (57-4) 4028200 Ext. 41800

Grupo Empresarial Nutresa



-----Remitido por Dallys Jaramillo Arcia/CO/Alimentos\_Carnicos/Carnicos/NUTRESA el 09/05/2014 14:08 -----

Para: Hernando Ramos Moreno/CO/Alimentos\_Carnicos/Carnicos/NUTRESA@GNCH

De: Dallys Jaramillo Arcia/CO/Alimentos\_Carnicos/Carnicos/NUTRESA

Fecha: 09/05/2014 13:49

Asunto: scáner

(Vea el archivo anexo: *Scan\_Doc0736.pdf*)

Dallys Jaramillo Arcia  
Soporte de Servicios Administrativos  
Negocio Carnico  
Dirección: Cra. 52 N° 20 – 124 Av. Guayabal  
Medellin – Colombia  
Tel.: (57-4) 4028200 Ext. 41800

Grupo Empresarial Nutresa



Date:05/08/2014 17:48:55

**SECTION 1 - FOREIGN REGISTRATION****1a. FOREIGN REGISTRATION****1b. INITIAL REGISTRATION:** 12566763476

PIN NUMBER: a438cbdi

**ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY?** Yes ☐ No ☒**1c. PREVIOUS OWNER'S TITLE :** **PREVIOUS OWNER'S NAME :** **PREVIOUS OWNER'S REGISTRATION NUMBER :****SECTION 2 - FACILITY NAME, ADDRESS INFORMATION**

FACILITY NAME: Alimentos Carnicos SAS

FACILITY NAME SUFFIX: Manufacturing

FACILITY NAME SUFFIX OTHER:

FACILITY STREET ADDRESS, Line1: Kilometro 3 Carretera La Ceja - Rionegro

FACILITY STREET ADDRESS, Line2:

CITY: La Ceja

STATE/PROVINCE/TERRITORY: Antioquia

ZIP CODE (POSTAL CODE): 0500

COUNTRY/AREA: COLOMBIA

PHONE NUMBER (Include Area/Country Code): 057 4 4028200 41802

FAX NUMBER (Optional; Include Area/Country Code): 057 4 4028299

E-MAIL ADDRESS: hramos@alimentoscarnicos.com.co

**SECTION 3 - PREFERRED MAILING ADDRESS INFORMATION (Optional)**

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

If information is the same as section 2, check the box:

NAME: Alimentos Carnicos SAS Manufacturing

ADDRESS, Line1: Kilometro 3 Carretera La Ceja - Rionegro

ADDRESS, Line2:

CITY: La Ceja

STATE/PROVINCE/TERRITORY: Antioquia

ZIP CODE (POSTAL CODE): 0500

COUNTRY/AREA: COLOMBIA

PHONE NUMBER (Include Area/Country Code): 057 4 4028200 41802

FAX NUMBER (Optional; Include Area/Country Code): 057 4 4028299

E-MAIL ADDRESS (Optional): hramos@alimentoscarnicos.com.co

**SECTION 4 - PARENT COMPANY NAME/ADDRESS INFORMATION AND TRADE NAMES**

(If applicable and If different from sections 2 and 3). If information is the same as another section, check which section:

- ☐ Section 2 - Facility Address Information  
☒ Section 3 - Preferred Mailing Address Information  
☐ None of the above

NAME OF PARENT COMPANY: Alimentos Carnicos SAS

PARENT COMPANY SUFFIX: Manufacturing

PARENT COMPANY SUFFIX OTHER:

STREET ADDRESS OF PARENT COMPANY, Line 1: Kilometro 3 Carretera La Ceja - Rionegro

STREET ADDRESS OF PARENT COMPANY, Line2:

CITY: La Ceja

STATE/PROVINCE/TERRITORY: Antioquia

ZIP CODE (POSTAL CODE): 0500

COUNTRY/AREA: COLOMBIA

PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 057 4 4028200 41802

FAX # OF INDIVIDUAL AT PARENT COMPANY (Optional; Include Area/Country Code): 057 4 4028299

E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY (Optional): hramos@alimentoscamicos.com.co

(If this facility uses trade names other than that listed in section 2 above, list them below (E.G., "also doing business as," "facility also known as")):

ALTERNATE TRADE NAME #1:

<b>SECTION 5 FACILITY EMERGENCY CONTACT INFORMATION</b>	
INDIVIDUAL'S TITLE (Optional): Mr	INDIVIDUAL'S TITLE OTHER
INDIVIDUAL'S NAME (Optional): Luis	
INDIVIDUAL'S MIDDLE NAME (Optional): Alfonso	
INDIVIDUAL'S LAST NAME (Optional): Arango	
TITLE (Optional): Manager Cordialsa USA	
EMERGENCY CONTACT PHONE (Include Area/Country Code): 001 713 4604527	
E-MAIL ADDRESS (Optional): laarango@cordialsausa.com	

**SECTION 6 TRADE NAMES**

In the electronic version of FDA Form 3537, Section 6 (Trade Names) has been merged with Section 4 (Parent Company Name / Address information).

<b>SECTION 7 UNITED STATES AGENT</b>	
(To be completed by facilities located outside any state or territory of the United States, District Of Columbia, or The Commonwealth of Puerto Rico)	
FIRST NAME OF U.S. AGENT: Luis	
MIDDLE NAME OF U.S. AGENT: Alfonso	
LAST NAME OF U.S. AGENT: Arango	
TITLE (Optional): Manager Cordialsa USA	
ADDRESS, Line 1: 9950 Cypresswood Dr Ste 360	
ADDRESS, Line 2:	
CITY: Houston	STATE: Texas
ZIP CODE (POSTAL CODE): 77070 -3480	COUNTRY/AREA: UNITED STATES
PHONE NUMBER (Include Area/Country Code): 713 4604527	
EMERGENCY CONTACT PHONE NUMBER (Include Area Code): 832 7989517	

FAX NUMBER (Optional; Include Area Code):

EMAIL ADDRESS: laarango@cordialsausa.com

<b>SECTION 8 SEASONAL FACILITY DATES OF OPERATION (Optional)</b>	
Optional - Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis.	
DATES OF OPERATION:	
<b>For Harvest 1</b>	
Start Month:	End Month:
<b>For Harvest 2</b>	
Start Month:	End Month:

<b>SECTION 9 TYPE OF STORAGE EQUIPMENT AVAILABLE AT THE FACILITY (Optional)</b>	
<input type="checkbox"/> Ambient (neither frozen nor refrigerated) Storage	
<input type="checkbox"/> Refrigerated Storage	
<input type="checkbox"/> Frozen Storage	

<b>SECTION 10 GENERAL PRODUCT CATEGORIES - HUMAN/ANIMAL FOOD</b>	
<input type="checkbox"/> Food for Human Consumption	<input type="checkbox"/> Food for Animal Consumption

<b>SECTION 10a GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION AND TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (Optional)</b>	
--	--

To be completed by all food facilities. Please see instructions for further examples.	TYPE OF ACTIVITY CONDUCTED AT THE FACILITY ( Optional ) Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.									
	Warehouse / Holding Facility (e.g. storage facilities, including storage tanks, grain elevators)	Acidified / Low Acid Food Processor	Interstate Conveyance Caterer / Catering Point	Molluscan Shellfish Establishment	Commissary	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Repacker / Packer	Salvage Operator (Reconditioner)



c. Other Vegetable and Vegetable Products										
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**SECTION 11 - OWNER, OPERATOR, OR AGENT IN CHARGE REGISTRATION**

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, Check which section:

- ☐ Section 2 - Facility Address Information
- ☐ Section 3 - Preferred Mailing Address Information
- ☐ Section 4 - Parent Company Address Information
- ☐ Section 7 - US Agent Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: Alimentos Carnicos SAS

STREET ADDRESS, Line 1: Kilometro 3 Carretera La Ceja - Rionegro

STREET ADDRESS, Line 2:

CITY: La Ceja

STATE/PROVINCE/TERRITORY: Antioquia

ZIP CODE (POSTAL CODE): 0600

COUNTRY/AREA: COLOMBIA

PHONE NUMBER (Include Area/Country Code): 057 4 4028200 41802

FAX NUMBER (Optional; Include Area/Country Code): 057 4 4028299

E-MAIL ADDRESS (Optional): hramos@alimentoscarnicos.com.co

**SECTION 12 - INSPECTION STATEMENT**

☐ FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

**SECTION 13 - CERTIFICATION STATEMENT**

The owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent in charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent in charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent in charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

☐ The Secretary will be permitted to inspect facility at the time and in the manner permitted by this act.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Hernando Ramos

CHECK ONE BOX

☐ A. OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

☒ B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

IF YOU CHECKED BOX B ABOVE, INDICATE WHO AUTHORIZED YOU TO SUBMIT THE REGISTRATION:

☐ OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ON BEHALF OF OWNER, OPERATOR, OR AGENT IN CHARGE (FILL IN ADDRESS BELOW): -N/A-

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2: -N/A-

CITY: -N/A-

STATE/PROVINCE/TERRITORY: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

FAX NUMBER (Optional; Include Area/Country Code): -N/A-

E-MAIL ADDRESS (Optional): -N/A-